

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

DR. MARKCUS KITCHENS, JR.  
PLAINTIFF

v.

UNITED STATES MEDICAL LICENSING EXAMINATION,  
ET. AL  
DEFENDANTS

CIVIL ACTION NO.:  
2:22-CV-03301-JMY

---

NOTICE OF SUPPLEMENTAL FILING

---

Comes the Plaintiff, Dr. Marcus Kitchens (hereinafter “Dr. Kitchens”), and hereby provides Notice of the Supplemental Filing of Exhibits 1 and 2 to the Motion for Preliminary Injunction filed on February 9, 2023.

Respectfully submitted,

/s/ Dr. Marcus Kitchens

Dr. Marcus Kitchens  
625 Hampton Way, #2  
Richmond, KY 40475  
T: (423) 314-4096  
markzwanz@gmail.com

***Pro Se Plaintiff***

**CERTIFICATE OF SERVICE**

It is hereby certified that a true and accurate copy of the foregoing was filed electronically via the Pacer system and served to the following on February 12, 2023.

Jared D. Bayer  
Cozen O'Connor  
One Liberty Place  
1650 Market Street, Ste. 2800  
Philadelphia, PA 19103  
T: (215) 665-4127  
***Counsel for Defendant***  
***National Board of Medical Examiners***

Caroline M. Mew  
Perkins Coie LLP  
700 Thirteenth Street, N.W., Ste. 800  
Washington, D.C. 20005-3960  
T: (202) 654-6200  
E: [CMew@perkinscoie.com](mailto:CMew@perkinscoie.com)  
***Counsel for Defendant***



## **Report of Attention Deficit Hyperactivity Disorder Evaluation (Confidential Information)**

### **IDENTIFYING INFORMATION**

Patient Name: Markcus Kitchens

Patient DOB: [REDACTED]

Chronological Age: 31 years, 0 months

Appointment Dates: 2/7/23 (Intake Interview), 2/8/23 (Testing)

Gender: Male

Provider: Christina G. Bacon, LPP

### **ASSESSMENT PROCEDURES**

Clinical Interview

Record review

Behavioral Observations

DIVA-2

Achenbach System of Empirically Based Assessment- self-report

Achenbach System of Empirically Based Assessment- spouse's report

Achenbach System of Empirically Based Assessment- mother's report

MOXO- Distracted Continuous Performance Test (d-CPT)

### **REFERRAL QUESTION**

Dr. Kitchens is a 31-year-old male who requested an ADHD assessment. He explained that while he had been treated for ADHD for years, he was unable to use the current diagnosis and would need another assessment for confirmation.

### **CHIEF COMPLAINT & CURRENT SYMPTOMS**

Upon the clinical interview with Dr. Kitchens, he indicated that he felt worried about the extreme difficulty he has had taking an exam without accommodations. He explained that he was diagnosed with ADHD as a young child (approximately 1st or 2nd grade) with difficulty with attending, following directions, completing tasks, and using impulse control. He reported that while he was treated with behavioral management of the symptoms, his mother would not agree to medication management of his symptoms. Dr. Kitchens reported that he had previously been assessed in Lexington, but was unsure where and did not have a copy of his report. He has been seen by a nurse practitioner for the past six months and has been prescribed Adderall 20mg twice per day to manage his symptoms.

**EXHIBIT**

1

MK000001

Markcus Kitchens

DOB: [REDACTED]

2

He explained the negative impact of his symptoms on his daily life and particularly taking tests. Dr. Kitchens struggles with executive functioning, including working memory, focusing on the task at hand, managing his time efficiently, impulse control, resuming tasks once interrupted, and tolerating stress. He noted that maintained structure and multiple whiteboards, notes, and reminders in all areas of his home. He reported that even with the scaffolding he has created, he still forgets a task or loses track of time. Dr. Kitchens explained that distractibility is such an issue for him, he uses noise-canceling headphones, has covered the window in his office, and removes all distractors from his space when working.

### **PSYCHIATRIC HISTORY AND TREATMENT**

Dr. Kitchens participated in an ADHD assessment in 2013 which resulted in a diagnosis of Attention Deficit Hyperactivity Disorder, Combined presentation. At that time, he was prescribed medication to manage his symptoms. He continued taking medication aside from a break while studying abroad, where he followed local laws regarding the medication. Dr. Kitchens regularly meets with Tina Holbrook, Nurse Practitioner for medication management of his symptoms.

### **CURRENT MEDICATIONS**

Propranolol

Adderall 20 mg, twice per day

### **MEDICAL HISTORY**

No relevant medical issues.

### **FAMILY HISTORY/LIVING SITUATION**

Dr. Kitchens grew up in Chatanooga, TN where he lived with his mother and brother. He explained that his mother ensured he had structure to allow him to be successful. His mother enrolled him in tutoring, extra-curricular activities, and unofficial accommodations while in school. He currently lives with his wife in Richmond, Kentucky.

### **EDUCATIONAL/OCCUPATIONAL HISTORY**

Markcus graduated high school from Tyner Academy and then Berea College with undergraduate degrees in pre-medicine and music. He attended the Medical University of Lublin, beginning in 2016. Dr. Kitchens was actively involved in his education and participated in student groups. He explained that he was successful in rounds, interacting with the patients, and managing hands-on work.

He started a Master's Degree in Healthcare Administration at Capella University but has taken a leave of absence due to an inability to follow through and stay on task without strict guidelines and structure to ensure the completion of tasks. He plans to resume studying for his Master's Degree after the completion of board exams.

### **SOCIAL HISTORY**

Dr. Kitchens explained that while he has made friends, he often struggles with the fear that he will upset others based on his tendency to be verbose, and mistakenly interrupt others. He reported that his desire to fit in and connect with others has motivated him to learn and practice social skills, but he recognizes he still has the tendency to be intrusive with others.

**BEHAVIORAL OBSERVATIONS**

Dr. Kitchens was assessed over two one-hour sessions. He attended the telehealth appointments and participated appropriately throughout. Marcus appeared well-groomed and dressed appropriately for the weather and assessment. He demonstrated adequate hearing and vision for the testing as evidenced by answering questions and by following visual and verbal instructions.

During the clinical semi-structured interview, Dr. Kitchens was pleasant and open to answering questions about his experiences and symptoms. While he endorsed most of the symptoms, he required many words to describe his symptoms and displayed associative speech, as often seen with ADHD. He openly discussed the similarities and differences in his experience in childhood and adulthood. Marcus demonstrated excellent effort, and therefore, the current results are believed to be an accurate reflection of his functioning.

While taking the twenty-minute MOXO-dCPT, Dr. Kitchens displayed difficulty sitting still as evidenced by twisting in his chair, shaking his hands, and fidgeting in his seat. He was verbose throughout all sessions and often apologized for interrupting the examiner. Further, he showed the examiner the scaffolding he has set in place in his home to improve his ability to function. He had removed all visual distractors and implemented schedules, routines, and physical supports in his home. This demonstrated a desire to succeed in this endeavor and the use of coping strategies along with medication management of his symptoms.

**RESULTS****Diagnostic Interview for ADHD in Adults-2 (DIVA-2)**

During the semi-structured interview, Dr. Kitchens answered a series of questions focused on the specific behaviors related to ADHD. The DIVA-2 is a thorough evaluation of the diagnostic criteria for ADHD in adulthood. It is divided into domains focusing on criteria for inattention and hyperactivity during both adulthood and childhood. The DIVA-2 also assesses how these symptoms affect specific areas of life (i.e., work, relationships, social contacts, free time, self-confidence, and self-image).

Dr. Kitchens actively participated in this interview and answered all questions with relevant examples. He endorsed all nine criteria for inattention related to ADHD. He endorsed the following symptoms as being problematic in his life since childhood: failing to give close attention to details, difficulty sustaining attention in tasks, does not seem to listen when spoken to directly, failing to follow through on instructions, difficulty organizing tasks and activities, avoiding, disliking, or is reluctant to engage in tasks that require sustained mental effort, loses things necessary for tasks or activities, easily distracted by extraneous stimuli, and forgetful in daily activities.

He endorsed all nine symptoms related to hyperactivity in ADHD. Dr. Kitchens endorsed the following symptoms as being problematic in his life regularly: fidgeting with hands or feet or squirming in his seat, often standing when sitting is expected, feeling restless, finding it difficult to relax in leisure activities, often on the go, talking excessively, giving the answer before questions have been completed, difficulty waiting his turn, and interrupting the activities of others due to impatience.

Dr. Kitchens reported that these symptoms affect multiple facets of his life including work, social relationships, self-confidence, and self-image. Despite Dr. Kitchens successfully completing medical

school, the symptoms have had a great impact on his work and education. His difficulty completing the board exams seems directly linked to his symptoms of ADHD. The impact on his self-image seems to be causing distress and more pressure to pass the exams. He explained uncertainty based on negative comments of others, negative self-image due to experiences of failure, and being distressed by the symptoms.

Achenbach System of Empirically Based Assessment (ASEBA) - Self-Report

ASEBA has been proven effective for differential diagnosis and recognizing behavioral trends and critical items. It has been shown to be highly reliable, valid, and normed with age and gender. The Adult Self-Report for Ages 18-59 (ASR 18-59) was completed by Markcus, to obtain his perception of his adaptive functioning and problems.

On the ASR/18-59 - Adaptive Functioning Scale Scores, Markcus's scores on the Friends, Spouse/Partner, and Family syndromes were in the normal range. Markcus's score on the Job syndrome was in the clinical range below the 3rd percentile. Markcus's score on the Education syndrome was in the borderline clinical range (3rd to 7th percentile). Markcus's score on the Mean Adaptive scale was in the normal range. Markcus's score on the Personal Strengths scale was in the normal range.

Markcus reported using no tobacco in the past 6 months. It was reported that Markcus had not been drunk. Markcus reported using no drugs for non-medical purposes during the past 6 months. On the Substance Use scales, Markcus's scores on all rated scales were in the normal range. Markcus's Mean Substance Use score was in the normal range for self-reports by men aged 31.

On the ASR 18-59 problem scales, Markcus's Internalizing Problems, Externalizing Problems, and Total Problems scores were all in the clinical range above the 90th percentile for men aged 31. Markcus's scores on the Withdrawn, Somatic Complaints, Thought Problems, Aggressive Behavior, and Rule-Breaking Behavior syndromes were in the normal range. Markcus's score on Attention Problems syndrome was in the borderline clinical range (93rd to 97th percentile). Markcus's scores on the Anxious/Depressed and Intrusive syndromes were in the clinical range above the 97th percentile. These results indicate that Markcus reported more problems than are typically reported for men aged 31, particularly problems of Anxious / Depressed, Attention Problems, and Intrusive nature. Markcus's scores on the Critical Items are listed in the box below. The sum of Markcus's scores on the Critical Items was in the borderline clinical range (93rd to 97th percentile).

On the ASR/18-59 - DSM-Oriented Scales, Markcus's scores on the Somatic Problems, Avoidant Personality Problems, and Antisocial Personality scales were in the normal range. Markcus's scores on the Depressive Problems, Anxiety Problems, and AD/H Problems scales were in the clinical range above the 97th percentile. These results indicate that the DSM should be consulted to determine whether Markcus meets the diagnostic criteria for Depressive Problems, Anxiety Problems, and AD/H Problems. On the Attention Deficit/Hyperactivity subscales, Markcus's scores on all rated scales were in the clinical range above the 97th percentile.

Markus Kitchens

DOB: [REDACTED]

5

Attention Problems Subscales  
Inattention (I) Hyperactivity-Impulsivity (H-I)

I	AD/H Problems	H-I	I	AD/H Problems	H-I
2	1. Forgetful	-	-	89. Rushes Into	2
2	8. Concentrate	-	1	105. Disorganized	-
-	10. SitStill	2	2	108. LosesThings	-
-	36. Accidents	0	-	115. Fidgety	2
-	41. Impulsive	2	-	118. Impatient	2
2	59. FailsToFinish	-	2	119. PoorAtDetails	-
1	61. PoorWork	-			

I	AD/H Problems	H-I
12	Raw Score	10
76	T-Score	75
>97	Percentile	>97
Borderline = 93rd-97th Percentile		
Clinical = >97th Percentile		

Achenbach System of Empirically Based Assessment (ASEBA) - Spouse's Report

The Adult Behavior Checklist for Ages 18-59 (ABCL 18-59) was completed by Amelia Kitchens, Markus's spouse, to obtain Amelia Kitchens's perception of Markus's adaptive functioning, substance use, and problems. On the ABCL/18-59 - Adaptive Functioning Scale Scores, Markus's scores on all rated scales were in the normal range. Markus's score on the Personal Strengths scale was in the normal range.

Amelia Kitchens reported that Markus used no tobacco in the past 6 months. Amelia Kitchens reported that Markus had not been drunk. Amelia Kitchens reported that Markus used no drugs for non-medical purposes during the past 6 months. On the Substance Use scales, Markus's scores on all rated scales were in the normal range. Markus's Mean Substance Use score was in the normal range for men aged 31.

On Markus's ABCL 18-59 problem scales for men aged 31, the Internalizing Problems scale score was in the clinical range above the 90th percentile, the Externalizing Problems scale score was in the normal range, the Total Problems scale score was in the clinical range above the 90th percentile. His scores on the Withdrawn, Somatic Complaints, Aggressive Behavior, and Rule-Breaking Behavior syndromes were in the normal range. His scores on Thought Problems, Attention Problems, and Intrusive syndromes were in the borderline clinical range (93rd to 97th percentile). His score on the Anxious / Depressed syndrome was in the clinical range above the 97th percentile. These results indicate that Amelia Kitchens reported more problems than are typically reported for men aged 31, particularly problems of Anxious / Depressed, Thought Problems, Attention Problems, and Intrusive nature.

On the ABCL/18-59 - DSM-Oriented Scales, Markus's scores on the Somatic Problems, Avoidant Personality Problems, and Antisocial Personality scales were in the normal range. Markus's scores on the Anxiety Problems and AD/H Problems scales were in the clinical range above the 97th percentile.

These results indicate that the DSM should be consulted to determine whether Markcus meets the diagnostic criteria for Anxiety Problems and AD/H Problems. Markcus's score on the Depressive Problems scale was in the borderline clinical range (93rd to 97th percentile). Markcus's score in the borderline clinical range suggests that the DSM should be consulted to determine whether Markcus might meet diagnostic criteria for disorders characterized by problems included on that scale. On the Attention Deficit/Hyperactivity subscales, Markcus's score on the Inattention Problems Subscale scale was in the clinical range above the 97th percentile. Markcus's score on the Hyperactivity-Impulsivity scale was in the borderline clinical range (93rd to 97th percentile).

Attention Problems Subscales							
Inattention (I)				Hyperactivity-Impulsivity (H-I)			
I	AD/H Problems		H-I	I	AD/H Problems		H-I
2	1.	Forgetful	-	1	61.	PoorWork	-
2	8.	Concentrate	-	-	89.	RushesInto	1
-	10.	SitStill	2	1	105.	Disorganized	-
-	36.	Accidents	0	2	108.	LosesThings	-
-	41.	Impulsive	2	-	115.	Fidgety	2
2	59.	FailsToFinish	-	-	118.	Impatient	1
				1	119.	PoorAtDetails	-

I	AD/H Problems	H-I
11	Raw Score	8
73	T-Score	69
>97	Percentile	97
Borderline = 93rd-97th Percentile		
Clinical = >97th Percentile		

#### MOXO d-CPT

MOXO d-CPT is a continuous performance test that is highly effective in the measurement of Attentiveness, Timeliness, Impulsivity, and Hyper-reactivity. This computerized assessment tool has shown a 90% sensitivity in the recognition of symptoms of ADHD, with reliable test-retest results.

The MOXO d-CPT lasts approximately twenty minutes and measures four different areas related to ADHD. The Attentiveness scale measures the participant's ability to respond correctly and remain focused. Timeliness measures the ability to respond quickly and accurately. The Impulsivity scale measures the tendency to respond hastily, without evaluating the situation. Hyperactivity measures difficulty in regulating motor skills.

According to the norm comparison table in the MOXO test, Markcus presented a deviation outside the normal range on the Attention, Timeliness, Impulsiveness, and Hyper-Reactivity scales. Each scale is measured with a z-score, compared to same-age peers. The z-score for Attention (-15.20), Timeliness (-5.07), Impulsiveness (-4.05), and Hyper-Reactivity (-8.05) illustrate the expectation of impairment in these areas. Each deficit is rated in either low, medium, high, or extreme severity. His scores represented an extreme level of deficit on all four scales. This level of deficit would noticeably affect his ability to



Markus Kitchens

DOB: [REDACTED]

7

attend to important information, answer questions in a timely manner, evaluate and respond quickly and accurately, and regulate motor responses.

Dr. Kitchens's baseline results demonstrated decreased performance in attentiveness and timeliness, where his impulsivity improved as the test progressed. Visual distractors decreased his performance in timeliness but showed an increase in hyper-reactivity. Auditory distractors did not affect his performance. A combination of auditory and visual distractors resulted in a decrease in his timeliness and an improvement in hyper-reactivity. When presented with all auditory and visual distractors at once, his performance was not affected.

According to the norm comparison table in the MOXO test, a deviation from the norm is detected in Dr. Kitchens's tests. This deviation could indicate attention difficulties and along with other findings, the existence of ADHD.

### **SUMMARY & INTERPRETATION**

Dr. Kitchens demonstrated excellent effort during testing; therefore, his test results are considered an accurate reflection of his current functioning.

Markus has shown similar behaviors in his home and during the evaluation. His focus on achievement and motivation to manage his symptoms seem to have prevented him from experiencing more negative outcomes.

During the DIVA-2 semi-structured interview, Dr. Kitchens actively participated and endorsed nine symptoms related to the Inattentive presentation of ADHD and nine symptoms related to the Impulsive/Hyperactive presentation of ADHD. According to the DSM-5-TR, three symptoms of either Inattention or Impulsive/Hyperactive are needed to diagnose each presentation, or three from both to diagnose a combined presentation. He exceeds the number of symptoms for diagnosis of ADHD, Combined presentation. As noted earlier, Markus's behavior has been seen since childhood, diagnosed by multiple practitioners, and has been provided medication for the disorder since 2013. Further, ADHD is known to be a lifelong neurodevelopmental disorder. According to Russell Barkley, Ph.D., significant impairment persists in 50-89 percent of adults who were diagnosed as children.

The Achenbach System of Empirically Based Assessments indicated similar answers between Dr. Kitchens and his wife. This indicates that he and his wife see similar behaviors. Both Dr. Kitchens and his wife rated his Inattentive symptoms above the 97th percentile. Dr. Kitchens rated Impulsivity above the 97th percentile while his wife rated it at the 97th percentile.

On a computerized measure of sustained attention, timeliness, impulsivity, and hyper-reactivity, he produced atypical z-scores in all four scales. These deviations are consistent with attention difficulties related to ADHD.

Dr. Kitchens presented consistent behavior throughout the assessment. His behavior during the observation and semi-structured interview were consistent with the reports of his behavior on the Achenbach System of Empirically Based Assessments. Further, his performance on the MOXO d-CPT indicates consistency with ADHD.

Markcus has been diligently focused on learning coping skills to manage symptoms including organization, routine, structure, reminders, and removal of distractions. Unfortunately, despite creatively managing some aspects of his environment and symptoms, he continues to experience significant difficulties with the symptoms of restlessness, distraction, forgetfulness, losing items, managing time, and focusing.

**DIAGNOSTIC IMPRESSIONS**

Attention-Deficit Hyperactivity Disorder, Combined Presentation

**RECOMMENDATIONS FOR CARE**

- 1.) It is recommended that Markcus continue to participate in medication management and/or therapy to provide support regarding his current symptoms of ADHD.
- 2.) Dr. Kitchens is recommended to seek accommodations when taking tests, such as board exams. Some recommendations for possible accommodations include, but are not limited to
  - a) The allowance of extra time for test completion, double time would be recommended
  - b) The allowance of extra breaks to move during testing
  - c) The ability to wear noise-canceling headphones or earplugs to decrease the audio distractions in the exam room
  - d) The option to break the test into smaller time periods, over multiple days
- 3.) It is recommended that Dr. Kitchens engage in regular physical and mental self-care activities that bring him enjoyment. Ensuring consistent schedules including regular time to go to bed and wake, ensuring proper daily water intake and nutrition, and engaging in regular social activities can provide significant benefits to mental health.
- 4.) Markcus is encouraged to seek information related to managing ADHD symptoms from reputable sources such as reliable podcasts (CHADD, ADDitude Magazine, etc.) and books (i.e., "Taking Charge of Adult ADHD" by Russell Barkley, Ph.D.).

Thank you for allowing us to be a part of your care. Should you have any questions or concerns, please do not hesitate to contact me at [christina@peaceofmindky.com](mailto:christina@peaceofmindky.com)



Christina G. Bacon, LPP



## Authorization for Release of Protected Health Information

Patient Name : Markcus A Kitchens Date of Birth: [REDACTED]

Phone: [REDACTED]

I request that my protected health information (PHI) be ☒ disclosed to ☐ obtained from: ☒ Disclosure to patient

Recipient Name: Dr. Markcus Kitchens

Address: 625 Hamplon Way Apt 2 City: Richmond State: KY Zip: 40475

E-mail Address: [REDACTED] Phone: [REDACTED]

Fax: (healthcare provider only): \_\_\_\_\_

I authorize the following PHI to be released from my medical record(s):

☒ All Records Pertinent to Continuing Primary Care covering the period of healthcare from: 08/01/2012 to 01/31/2023  
(Please use specific dates)

*I understand that my protected health information may include information related to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health service and treatment for drug and alcohol abuse.*

Or Specify: Date Range: 08/01/2012 to 01/31/2023

☐ Exclude specific records (please specify) \_\_\_\_\_

☒ ONLY White House Clinics records

☒ Records Regarding Treatment of Specific Illness, Condition, or Injury (please specify) See other

☒ All Pharmacy Records

☒ Specific Records Regarding Behavioral Health Treatment: ☒ Treatment Plans ☒ Initial Eval ☒ Progress Notes

Specific Dates: 08/01/2012 to 01/31/2023 Reviewed and Approved by: \_\_\_\_\_

☐ Other: (please specify) \_\_\_\_\_

Purpose for Requesting Information: ☐ Legal ☐ Insurance ☒ Personal ☐ Continuation of Care ☐ Other (please specify): \_\_\_\_\_

Disclosure Format (Paper is default if not marked.):

☐ Paper (within 10 days) ☐ Fax ☒ Secure E-mail ☐ CD (within 3 business days) ☐ Patient Portal ☐ Other (please specify): \_\_\_\_\_

By signing this authorization form, I confirm I have been made aware of the rights and conditions listed on the back of this form:

[Signature]

Patient or Authorized Representative

01/31/2023

Signature Date

Markcus A Kitchens

Print Name

Relationship to Patient (if other than self)

Witness Signature (Verified by)

Witness Signature Date

<input type="checkbox"/> Richmond Location:	401 Highland Park Drive, Richmond, Kentucky 40475	Phone: (859) 626-7700	Fax: (859) 626-7703
<input checked="" type="checkbox"/> Berea Location:	104 Legacy Drive, Berea, Kentucky 40403	Phone: (859) 986-2323	Fax: (859) 986-7728
<input type="checkbox"/> Berea Primary Care Location:	305 Estill Street, Berea, Kentucky 40403	Phone: (859) 985-1415	Fax: (859) 986-7728
<input type="checkbox"/> McKee Location:	1010 Main Street South, McKee, Kentucky 40447	Phone: (606) 287-7014	Fax: (606) 287-7014
<input type="checkbox"/> Irvine Location:	30 Stacy Lane Road, Irvine, Kentucky 40336	Phone: (606) 723-0665	Fax: (606) 723-0665
<input type="checkbox"/> Mt. Vernon Location:	116 Progress Drive, Mt. Vernon, Kentucky 40456	Phone: (606) 256-2143	Fax: (606) 256-2143
<input type="checkbox"/> Paint Lick Location:	480 Main Street, Paint Lick, Kentucky 40461	Phone: (859) 925-2444	Fax: (859) 925-2444
<input type="checkbox"/> Lancaster Location:	89 Farra Drive, Lancaster, Kentucky 40444	Phone: (859) 792-2153	Fax: (859) 792-2153

**EXHIBIT**

2

**Immunizations Summary Report**

**White House Clinics**  
**1010 Main Street South**

**Mc Kee, KY 404477089**

**Patient:** Marcus Kitchens  
**Date of Birth:** [REDACTED]  
**Report Date:** 01/31/2023  
**Address:** 238 Marcelus Dr APT 2  
 Berea, KY 40403

**Immunization Allergies**

Allergy	Status
Egg Allergy	No
Neomycin Allergy	No
Latex Allergy	No
Gelatin Allergy	No

**Immunizations:**

Vaccine Group	Dose	Vaccine Status	Date Administered	Vaccine Name	Vaccine Brand
DTaP	1	Administered	03/16/1992	DTaP	
DTaP	2	Administered	05/26/1992	DTaP	
DTaP	3	Administered	07/28/1992	DTaP	
DTaP	4	Administered	05/26/1993	DTaP	
DTaP	5	Administered	02/28/1996	DTaP	
Hep A	6	Administered	04/01/2013	hep A (ped/adol, 2 dose)	
Hep B	7	Administered	11/17/1992	hep B (ped/adol, 3 dose)	
Hep B	8	Administered	12/16/1992	hep B (ped/adol, 3 dose)	
Hep B	9	Administered	03/18/1994	hep B (ped/adol, 3 dose)	
HIB	10	Administered	03/16/1992	HIB - unspecified	
HIB	11	Administered	05/26/1992	HIB - unspecified	
HIB	12	Administered	07/28/1992	HIB - unspecified	
HIB	13	Administered	05/26/1993	HIB - unspecified	
Meningococcal	14	Administered	04/07/2009	MCV4	
MMR	15	Administered	05/26/1993	MMR	
MMR	16	Administered	02/28/1996	MMR	
Polio	17	Administered	03/16/1992	OPV	
Polio	18	Administered	05/26/1992	OPV	
Polio	19	Administered	05/26/1993	OPV	
Polio	20	Administered	02/28/1996	OPV	
Polio	21	Administered	04/01/2013	polio, inactivated (IPV)	
Tdap	22	Administered	04/07/2009	Tdap (Adacel )	
Typhoid	23	Administered	06/01/2012	Typhoid, parenteral	
Yellow fever	24	Administered	04/01/2013	Yellow fever	

MK000010

Page 1 of 1



Patient: Marcus Kitchens  
 Date of Birth: [REDACTED]  
 Date: 01/31/2023 1:06 PM  
 Present for: Chart Update

#### Active Medications

##### Medications prescribed prior to this visit

Medication	RX elsewhere	Directions
loperamide 2 mg capsule	Y	take 2 capsule by oral route after 1st loose stool, followed by 1 capsule after each subsequent loose stool not to exceed 16 mg/day
ondansetron 4 mg disintegrating tablet	Y	take 1 tablet by oral route every 6 hours for 2 days and place on top of the tongue where it will dissolve, then swallow



PATIENT: Marcus Kitchens  
DATE OF BIRTH: [REDACTED]  
DATE: 05/25/2018 04:18 PM  
HISTORIAN: self  
VISIT TYPE: Office Visit  
PROVIDER: Vicki Hackman, MD

This 26 year old male presents for discuss service dog.

### History of Present Illness:

1. discuss service dog  
back from Poland 5/11/2018  
GGM passed so back a little early;  
going back in the fall;  
moving to chicago

had vomiting and diarrhea and seen in ER SJB;  
6 episodes of vomiting;  
given IV fluids  
was Wednesday;  
completely back to himself;  
got to get more rest;

says his stress level has always been bad  
getting ready to move to northern illinois;  
dogs he has  
Brandy is emotional service animal  
Lexie is certified 11/15/2018  
neither could go to Poland due to travel;

stayed here with his wife; now they are moving; ;

has paperwork  
stress level always peaks; and making himself sick  
was seeing colleen when he was in college here;  
not taking any antidepressants  
says he should still be on adderall; I sent him to lexington for evaluation;  
has not been on it for awhile  
taking some OTC medication bid that is to help with concentration;

has appt tuesday with cardiologists ;

Kitchens, Marcus Z. 000000056088 [REDACTED] 05/25/2018 04:18 PM 1/4

MK000012

had been having palpitations and wore a holter

#### SOCIAL HISTORY (Detailed)

Tobacco use reviewed.

Preferred language is \*English.

#### EDUCATION/EMPLOYMENT/OCCUPATION

Employment	History	Status	Retired	Restrictions
	Store manager 1 y			

#### MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Currently single.

#### ALCOHOL

There is no history of alcohol use.

#### TOBACCO

Smoking status: Never smoker.

Use Status	Type	Smoking Status	Usage Per Day	Years Used	Total Pack Years
no/never		Never smoker			

#### Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN			
ALLERGIES			

Reviewed, no changes.

#### VITAL SIGNS

##### HEIGHT

Time	ft	in	cm	Last Measured	Height Position	%
4:38 PM	5.0	11.00	180.34	05/25/2018	0	

##### WEIGHT/BSA/BMI

Time	lb	oz	kg	Context	Weight %	BMI kg/m2	BMI %	BSA m2
4:38 PM	140.20		63.594	dressed with shoes		19.55	0	

##### BLOOD PRESSURE

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
4:38 PM	118/82	sitting	right	arm	manual	adult

##### TEMPERATURE/PULSE/RESPIRATION

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/ min
4:38 PM	97.80	36.56	oral	75		18

Kitchens, Markcus Z. 000000056088 05/25/2018 04:18 PM 2/4

MK000013

## PULSE OXIMETRY/FIO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe
4:38 PM	99								

## MEASURED BY

Time	Measured by
4:38 PM	Hazel Bray, CMA

## Physical Exam

Exam	Findings	Details
General Exam	Comments	tall thin in NAD
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

## Completed Orders (this encounter)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
PHQ-9 completed				Mild depression	7		

## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Attention-deficit hyperactivity disorder, unspecified type (F90.9).
	Plan Orders	Referrals: Mental Health Counselor. Evaluate and treat.
2.	Assessment	Anxiety (F41.9).
3.	Other Orders	Orders not associated to today's assessments.
	Plan Orders	The patient had the following procedure(s) completed today PHQ-9 completed..

Status	Ordered	Order	Timeframe	actComments
ordered	05/25/2018	Referrals: Mental Health Counselor. Evaluate and treat		please evaluate and give opinion about the need for emotional service dogs;

## Medications (Added, Continued or Stopped this visit)

Started	Medication	Directions	Instruction	Stopped
	loperamide 2 mg capsule	take 2 capsule by oral route after 1st loose stool, followed by 1 capsule after each subsequent loose stool not to exceed 16 mg/day		
	ondansetron 4 mg disintegrating tablet	take 1 tablet by oral route every 6 hours for 2 days and place on top of the tongue where it will dissolve, then		



Provider: Vicki Hackman MD 05/25/2018 05:05 PM

Vicki L. Hackman MD.

Document generated by: Vicki Hackman 05/25/2018 05:05 PM

Electronically signed by Vicki Hackman MD on 05/27/2018 12:11 PM



PATIENT: Marcus Kitchens  
 DATE OF BIRTH: [REDACTED]  
 DATE: 07/26/2017 09:21 AM  
 HISTORIAN: self  
 VISIT TYPE: Office Visit  
 PROVIDER: Vicki Hackman, MD

This 25 year old male presents for med refill.

### History of Present Illness:

1. med refill  
 last seen 2/2016;  
 finished 1st year of med school; working with daniel lee in richond and leaves in september to go back; has 1 more year there at basic science and 2 y of clinical ;  
 on adderal since 2014;  
 says he was focusing better on adderall;

### Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			
Reviewed, no changes.			

### VITAL SIGNS

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt oz	Wt kg	Weight %	BMI kg/m2	BMI %	BSA m2	O2 Sat%
9:30 AM	100/62	73	18	97.50	5.0	11.00	180.3	140.00		63.503		19.53	0		98

4

### MEASURED BY

Time Measured by  
 9:30 AM Hazel Bray, CMA

Kitchens, Marcus Z. 000000056088 [REDACTED] 07/26/2017 09:21 AM 1/3

MK000016

**Physical Exam**

Exam	Findings	Details
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

**Assessment/Plan**

#	Detail Type	Description
1.	Assessment	Attention and concentration deficit (R41.840).
	Provider Plan	is asking me to write an rx for adderall; he is leaving for poland in september; He says poland does not prescribe adderall for ADHD but was told if he had an MD here to write a letter, he could get it there. I told him I could not do that but I could refer him to a specialist for evaluation and get their opinion about him needing the medication. He was not happy with this; says he was seeing colleen and then Dr David was writing his rx and he brought in a bottle dated 2016 as last rx.
	Plan Orders	Referrals: Psychiatry. Evaluate and treat.

Status	Ordered	Order	Timeframe	actComments
ordered	07/26/2017	Referrals: Psychiatry. Evaluate and treat		needs evaluated for ADHD; is going overseas in september and has been on adderall in past; please evaluate ; needs recommendations and treatment

Provider: Vicki Hackman MD 07/26/2017 10:00 AM

*Vicki L. Hackman MD.*

Document generated by: Vicki Hackman 07/26/2017 10:00 AM

Kitchens, Marcus Z. 000000056088 [REDACTED] 07/26/2017 09:21 AM 2/3

MK000017

Electronically signed by Vicki Hackman MD on 07/26/2017 12:59 PM



PATIENT: Marcus Kitchens  
 DATE OF BIRTH: [REDACTED]  
 DATE: 02/15/2016 09:24 AM  
 HISTORIAN: self  
 VISIT TYPE: Office Visit  
 PROVIDER: Vicki Hackman, MD

This 24 year old male presents for School PE and ROS.

### History of Present Illness:

#### 1. School PE

sayshe is here for medical school physical; was here 2014 for same thing with colleen ambrose

going to Hope Medial,

going to study abroad Medical school in Poland

lives in berea;

finished college 2014.

reviewed forms with patinet;

recently had PPD but not in the past; always negative PPD:

#### 2. ROS

### PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
ADD				
wisdom teeth removal				

### Family History (Detailed)

Patient reports there is no relevant family history.

### SOCIAL HISTORY (Detailed)

Tobacco use reviewed.

Preferred language is \*English.

Kitchens, Marcus Z. 000000056088 [REDACTED] 02/15/2016 09:24 AM 1/4

MK000019

## EDUCATION/EMPLOYMENT/OCCUPATION

The patient has a(n) college education.

Employment	History	Status	Retired	Restrictions
	Store manager 1 y			

## MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Currently single.

## ALCOHOL

There is no history of alcohol use.

## Social History:

Tobacco use reviewed.

Reviewed, no changes. Last detailed document date: 02/15/2016.

## Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN			
ALLERGIES			

Reviewed, no changes.

## VITAL SIGNS

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt kg	Weight %	BMI kg/m2	BMI %	BSA m2	O2 Sat%
9:29 AM	96/54	66	12	97.70	5.0	11.00	180.34	139.00	63.049		19.39	0		98

Source	Oxygen	O2 Ambient	Measured
RA			

## MEASURED BY

Time	Measured by
9:29 AM	Linda Mills, CMA

**Physical Exam**

Exam	Findings	Details
Ears	*	Canal - Right: excess cerumen, Left: excess cerumen.
Ears	Normal	Inspection - Right: Normal, Left: Normal.
Nasopharynx	Normal	Lips/teeth/gums - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal. Palpation - Normal. Thyroid gland - Normal.
Lymph Detail	Normal	No cervical or supraclavicular adenopathy.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. No abdominal tenderness. No hepatic enlargement.
Musculoskeletal	Normal	Visual overview of all four extremities is normal.
Extremity	Normal	No edema.
Neurological	Normal	Memory - Normal. Cranial nerves - Cranial nerves II through XII grossly intact.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect. Normal insight. Normal judgment.

**Immunizations**

Immunizations reviewed this visit.

**Assessment/Plan**

#	Detail Type	Description
1.	Assessment Plan Orders	Encounter for general adult medical examination without abnormal findings (Z00.00). CBC with Diff to be performed Today, CMP to be performed Today and SED rate, automated to be performed Today.
2.	Assessment Plan Orders	Screening for Hep C (Z11.59). Hep B Surface Ab, Qual (499) to be performed Today, Hep B Surface Ag to be performed Today and Hep C AB W/ Ref to Hep C Virus RNA, Quan, R-T PCR (914388) to be performed Today.
3.	Assessment Plan Orders	Screening for HIV (human immunodeficiency virus) (Z11.4). HIV Ab to be performed Today.
4.	Assessment Plan Orders	Encounter for screening for respiratory tuberculosis (Z11.1). Further diagnostic evaluations ordered today include(s) XRAY, CHEST (2 VIEWS) to be performed.

Status	Ordered	Order	Timeframe	actComments
ordered	02/15/2016	CBC with Diff	Today	
ordered	02/15/2016	CMP	Today	
ordered	02/15/2016	SED rate, automated	Today	
ordered	02/15/2016	XRAY, CHEST (2 VIEWS)		
ordered	02/15/2016	HIV Ab	Today	
ordered	02/15/2016	Hep C AB W/ Ref to Hep C Virus RNA,	Today	

Kitchens, Marcus Z. 000000056088 [REDACTED] 02/15/2016 09:24 AM 3/4

MK000021

Quan, R-T PCR (914388)

ordered	02/15/2016	Hep B Surface Ab, Qual (499)	Today
ordered	02/15/2016	Hep B Surface Ag	Today

**Medications (Added, Continued or Stopped this visit)**

Started	Medication	Directions	Instruction	Stopped
	Adderall 20 mg tablet	take 1 tablet by oral route every day before breakfast		02/15/2016

*Provider: Vicki Hackman MD 02/15/2016 10:10 AM**Document generated by: Vicki Hackman 02/15/2016 10:10 AM*

Electronically signed by Vicki Hackman MD on 02/15/2016 09:11 PM






---

PATIENT: Markcus Kitchen  
 DATE OF BIRTH: [REDACTED]  
 DATE: 07/08/2014 1:07 PM  
 HISTORIAN: self  
 VISIT TYPE: Office Visit  
 PROVIDER: Colleen Ambrose APRN

---

**Chief Complaint**

1. physical

**History of Present Illness**

This 22 year old male presents with:

**1. physical**

Mr. Kitchen presents today for a PE clearance to attend medical school. His PMH consists of ADD which is treated by meds. only surgery has been removal of his wisdom teeth.

He is otherwise healthy.

**Past Medical/Surgical History**

<u>Condition</u>	<u>Year</u>	<u>Procedure/Surgery</u>	<u>Year</u>
ADD			
wisdom teeth removal			

**Family History**

Patient reports there is no relevant family history.

**Social History**

Primary language is \*English.

**Marital Status / Family / Social Support:**

Currently single.

**Tobacco:**

Smoking status: Never smoker.

<u>Use Status</u>	<u>Total Pk Yrs</u>	<u>Type</u>	<u>Per Day</u>	<u>Years Used</u>	<u>Pack Years</u>	<u>Year Quit</u>
never						

<u>Tried To Quit</u>	<u>Longest Tob Free</u>	<u>Relapse Reason</u>	<u>Passive Exposure</u>

**Alcohol:**

There is no history of alcohol use.

**Social History**

Reviewed, no changes. Last detailed document date: 07/08/2014.

**Allergies**

No known allergies.

Reviewed. No changes.

MK000023

**Review of Systems****Constitutional:**

Negative for fever, night sweats, weight gain and weight loss.

**HEENT:**

Negative for hearing loss and sore throat.

Negative for eye pain and vision changes.

**Respiratory:**

Negative for chronic cough, cough and known TB exposure.

**Cardiovascular:**

Negative for chest pain and edema.

**Gastrointestinal:**

Negative for abdominal pain, blood in stool, change in stool pattern, constipation, nausea and vomiting.

**Genitourinary:**

Negative for dysuria.

**Neuro/Psychiatric:**

Negative for anxiety and depression.

Negative for extremity weakness, memory impairment, numbness in extremities and seizures.

**Musculoskeletal:**

Negative for back pain, joint pain and muscle weakness.

**Hematology:**

Negative for easy bleeding.

**Immunology:**

Positive for:

- Seasonal allergies.

**Vital Signs**

<u>Ht Ft</u>	<u>Ht In</u>	<u>Wt Lb</u>	<u>Wt Oz</u>	<u>Wt Kg</u>	<u>BMI kg/m2</u>	<u>BMI%</u>
5.0	11.00	135.00		61.235	18.83	

<u>BP mm/Hg</u>	<u>Pulse/min</u>	<u>Resp/min</u>	<u>Temp F</u>	<u>Head Circ In</u>
104/74	82	12	98.8	

<u>Pulse Ox Rest %</u>	<u>Pulse Ox Amb %</u>	<u>O2 LPM</u>	<u>BSA m2</u>
99			

**Measured By****Time**

1:14 PM Regina Cox, CMA

**Physical Exam****Constitutional:**

Well developed.

**Eyes:****Right**

PERRLA.

**Left**

PERRLA.

**Ears:****Right**

Normal tympanic membrane. Hearing grossly intact.

**Left**

MK000024

Normal tympanic membrane. Hearing grossly intact.

**Nose / Mouth / Throat:**

External Nose: is unremarkable

Lips/Teeth/Gums: Normal teeth and gums

Tonsils: No tonsillar hypertrophy or exudates

Oropharynx: No pharyngeal erythema or exudates or mucosal lesion

**Neck / Thyroid:**

No thyromegaly or thyroid nodules detected.

**Respiratory:**

Lungs clear to auscultation.

**Cardiovascular:**

Extra Sounds: None.

Rate and Rhythm: Heart rate is regular. Rhythm is regular.

No edema is present.

**Vascular:**

Pulses

Dorsalis pedis pulses: normal. Capillary refill is: less than 2 seconds.

Varicosities are absent

**Abdomen:**

There is no abdominal tenderness.

No hepatic enlargement.

No splenic enlargement.

**Integumentary:**

No impressive skin lesions present.

**Musculoskeletal:**

Normal range of motion, muscle strength, and stability in all extremities with no pain on inspection

**Extremities:**

Dorsalis pedis pulses: normal.

Monofilament exam is normal.

No edema is present.

No ulceration present.

No cyanosis.

No calf tenderness. Varicosities are absent

Toenails: Normal.

**Neurological:**

Memory: Intact .

Cranial nerves: grossly intact

Sensory: No sensory loss .

Deep Tendon Reflexes: DTR's preserved and symmetric .

**Psychiatric:**

The patient is oriented to time, place, person, and situation.

The patient demonstrates the appropriate mood and affect.

**Assessment/ Plan**

**Well adult exam (V70.0)**

Comments:

Advise him to get PPD placed as we cannot find one. He can contact his school and see if they need one. He has a negative TB risk assessment..He will call his school to see if they need a TB skin test

**ADD (attention deficit disorder) (314.00)**

advised he will have to find a local provider to treat his ADD there.

**Medications (added, continued or stopped this visit)**

**Continued:**

**Prescribed Elsewhere:**

Medication Name

Reason

Adderall 20 mg tablet

take 1 tablet by oral route every day before breakfast

MK000025

**Provider: Colleen Ambrose APRN 07/09/2014 2:21 PM**

**Document generated by: Colleen Ambrose 07/09/2014 2:21 PM**

305 Estill Street  
Berea, KY 404031742  
(859)985-1415

Electronically signed by Colleen Ambrose APRN on 07/10/2014 11:10 AM

MK000026